UU Anual Retreat to Camp de Benneville Pines

Friday October 2 to Sunday October 4, 2026

Chalice, Santa Monica & UU Neighbors

Home Congregation:				
Name:				
Email (please write neatly):				
Address:				
City State Zip:			**Phone:**	
Camper Names:	**Adult/Youth/ Child/Infant (A/Y/C/I)**	**Pronouns**	**Special Need**	**Special Diet**

Qty	Registration Fees	Subtotal
	(A) Adults age 20+ at $217 per person ($227 after 9/16)	
	(Y) Youth age 13-19 at $142 per person ($142 after 9/16)	
	(C) Children age 3-12 at $82 per person ($82 after 9/16)	
	(I) Infants age 0-2 at no cost	0
	Craig's Cabin premium at $50 per person (2 person minimum)	
	Double bed premium at $40 per room	
	Thursday Night $25 per person (no meals served)	
	Scholarship Donation (Please help make this possible for others) !!	

Amount Enclosed: 50% deposit? _____ Payment in Full? _____ By 09/16/26 **TOTAL:**

Pre-camp Covid testing is not required. However you will be asked to fill out a Covid Intake Questionaire.

Cabins have private bedrooms (one per family) and shared bathrooms. Craig's Cabin has a shared living room and kitchen, somewhat more upscale accommodations. Double beds are offered on a first-come-first-served basis (only available for couples with no children attending).

Rooming Preferences (i.e. double bed, or quiet):

Special Sleeping Needs (i.e. upper bunk):

Special Needs: Diet/Allergy/Medical/Limitations:

Meals - # of vegetarians ____ vegans ____ gluten-free ____ dairy-free ____

Financial Need (Campership- how much can you afford?):

Priority will be given to early, legible, complete registrations! Please note that cabin assignments are selected to meet the needs of as many people as possible.

Ways to pay: Make checks payable to "**Chalice**". Put "**Retreat**" & your **congregation's name** in the memo line.

Web: https://chaliceuu.org/RetreatPayment

"Text to Give": Send a message to (805) 429-1515 with the words "<amount> **Retreat**"

Mail checks & Reg. Form to the Registrar: **Annie Barker, 4486 Leatherwood St., Camarillo, CA 93012**

Or email the Form to: **clusterretreat@chaliceuu.org** Email questions to: **clusterretreat@chaliceuu.org**

OFFICE USE: Date Received: _____ Check #_____ Amount:_____

Group Number: _____ Receiver's Name: _____

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